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PART B - FEE(S) TRANSMITTAL

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CFR 1.363).  Change of correspon Address form PTO/SB/47; Rav D3-02 Number is required.	ation (or "Fee Address" Indic or more recent) attached. Us	Correspondence ation form e of a Customer	2. For printing on the (1) the names of up to agents OR, alternat (2) the name of a sing registered attorney or 2 registered attorney of the name will be the part of the single of the part of the a substitute for filling as	o 3 registered pate ively, the firm (having as agent) and the na- orneys or agents. I e printed.	ent attorneys 1 Lee of a member a 2 mes of up to f no name is 3	& Hayes, PLLC
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